



Iowa's Early Hearing Detection and Intervention Program

Data Entry Best Practices Guide

Iowa Early Hearing Detection & Intervention (EHDI) receives newborn hearing screening results through the web-based data entry system called eSCREENER Plus (eSP™). The secure database collects initial and follow-up hearing screenings, diagnostic testing, enrollment in early intervention and risk factors associated with hearing loss. In addition, EHDI works closely with early intervention program partners to assure timely referrals upon diagnosis, and to receive information about the enrollment status of infants referred for early intervention services.

The Iowa EHDI program participates in the Centers for Disease Control and Prevention (CDC) national survey providing annual data on demographics, the number of infants screened, diagnosed with hearing loss, and enrolled in early intervention each year. The EHDI program also uses this data to follow up on infants still in need of screening or assessment and to review program progress and determine areas of need. Therefore, it is vital to the success of the program that the database contains complete and accurate information in order to maintain high quality of data and successfully perform ongoing evaluation and quality improvement activities and more importantly, ensure infants in need of further hearing healthcare receive follow up in a timely manner. This will also help avoid unnecessary follow-up activities by the EHDI staff, primary care providers (PCPs) and hospitals.

Following are helpful tips that will guide the user to follow best practices when entering data within the EHDI database.

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DEMOGRAPHICS

- Enter the infant's demographics and hearing screening information within six working days from the time of birth. *If the child is in the Neonatal Intensive Care Unit (NICU), the demographics information can still be entered within that same timeframe and results can be entered later on as the infant becomes stable.*
- Please ensure all babies have been entered in the database. Birthing facilities are encouraged to compare babies in eSP™ with their birth census reports to ensure all babies are accounted for. *This will help avoid unnecessary follow up with the birthing facility on missing babies.*
- Enter the demographics and report any hearing screens performed at the birth facility if a child is being transferred to another hospital. *Please make a case note in the record about where the infant was transferred. This allows EHDI staff to collect missing results, if needed.*
- Change the location from inpatient to outpatient once the infant has been discharged. *This also helps the follow-up staff to know when to begin following up with the family so they are not bothered while their child is still inpatient.*
- Update the nursery to NICU if an infant transfers from well-baby to NICU and mark the risk factor greater than 5 days for those children who meet this criterion. *Infants with this risk factor require a follow-up hearing assessment when they are older.*
- Record all risk factors in the database that are associated with the potential for late onset or progressive hearing loss that warrants the need for ongoing, periodic audiological evaluations. *The birth facility should also notify the newborn's primary care provider of any identified risk factors. Any recommendations for risk factor monitoring and audiological follow-up should be documented on the discharge summary and be explained to the parent/responsible party prior to discharge.*
- Select the family's primary language as appropriate on the demographics page. *If you do not find the appropriate language in the drop down list, it can be included in the case note section. It is useful when following up with the family to avoid a delay in follow-up hearing care and also, if an interpreter is needed it can be arranged accordingly.*
- Enter the complete home address including the street name along with the apartment, house or P.O. Box number for the primary contact so letters are not returned as undeliverable. *This will help avoid unnecessary follow-up phone calls to the family and PCP for the infant's correct home address.*
- If a parent refuses the hearing screen, document the refusal in the case note section and notify child's PCP. *This is helpful to the follow-up staff so they can respect the family's decision and ensure no contacts are made to the family.*

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DEMOGRAPHICS (cont.)

- Enter a detailed case note in case of adoption or when a child is removed from the parent/legal guardian's custody. *Include the name of the birth mom under primary contact, but uncheck the box that says primary contact and send letters. We will not make any attempt to reach them, but we need this to ensure all babies are accounted for based on vital records reports. Add the name and contact information of the primary contact/caretaker in the record. There is drop down menu that allows you to select foster parent, social services, other, etc. The name of the infant's primary care provider who will care for the infant after discharge should also be obtained and recorded in the database. If the physician is unknown, the name and contact information of the representative of the Adoption Agency should be recorded in the primary contact details section. You can select social services from the drop down menu.*

PROFESSIONAL CONTACTS

- Enter a case note when a child is transferred and document the location of the transferred facility, add that facility under professional contacts as a birth screen provider and remove your own facility. *We will then follow up with that facility (if out of state) for birth screen results. Do NOT enter any hearing screen results if no hearing screen was performed. **Only report actual results performed prior to transfer.***
- The name of the infant's primary care provider who will care for the infant after discharge should be obtained and recorded in the database. *It is not the delivering provider unless they also serve as the child's primary care provider. If a child missed their initial hearing screening or referred in one or both ears and hasn't returned for a hearing screen, we contact the PCP right away, as well as the parent to bring the child back in for further testing.*
- Include the name and contact information of the PCP in the case note section if the family plans to see a PCP out of state. *This may happen especially in cases where family resides on the border of a state.*
- Notify the PCP when a child is in need of a hearing rescreen due to risk factors. *EHDI follow-up staff sends a letter to the parent and PCP when the child is approximately 2 months of age with the guidance regarding recommended follow up.*
- Notify EHDI staff if a PCP is not listed under professional contacts and make a detailed case note in the infant's record. Include the physician's name and contact information to ensure proper follow-up can be done once an infant is discharged. *If a provider has moved to Iowa from out of state and has not updated their contact information with the Iowa Board of Medicine, their name may not appear in eSP™ unless you select their particular state on the page where you are putting in their last name and then select "select a state." Often you will find them listed under a different state. If you find them, still select them as the primary care provider and notify them that they need to update their work address with the Iowa Board of Medicine. This can be done online or by phone. The EHDI system will automatically be updated after the next monthly import. If it is a nurse practitioner, they will need to update their information with the Board of Nursing. Physician's Assistants must update with the Iowa Department of Public Health, professional licensure.*

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HEARING SCREENING RESULTS

- If a screener is NOT able to perform a successful screen in **both ears** due to excessive movement of the baby or baby being noisy, please do NOT enter any screen results (tech fail, not used) on the Hearing page. Please assist family in re-scheduling the appointment and document your detailed notes under case management. *This information will be helpful to the follow-up staff when attempting to bring the family back in for further testing.*
- If a screener is NOT able to perform a successful in **one ear** due to excessive movement of the baby or baby being noisy, please select "Tech fail" if the reason was due to equipment not working and select "Not used" if baby was moving too much or being noisy. Please assist family in re-scheduling the appointment and document your detailed notes under case management.
NOTE: Please continue to record results for the screener ear as appropriate. *This information will be helpful to the follow-up staff when attempting to bring the family back in for further testing.*
- Enter the actual screen date and time when the hearing screening is performed. *This information is used to calculate how soon the child was screened after birth and is also shared with the CDC at the end of the year.*
- Enter all outpatient screens as "outpatient" under facility type and screen type otherwise it defaults to birth screen. *Some hospitals have let the screening results default to birth screen. It makes a difference in calculations for your facility and this information is also shared with the CDC. It is a reflection on individual hospitals as well as Iowa in meeting national goals.*
- Utilize the appointment feature on the *Hearing* page to capture future appointment dates, time and location. *This will help avoid unnecessary follow-up with the family or PCP. This is also a positive reflection of best practices being used by your birthing facility (assisting families in scheduling follow up screens prior to hospital discharge)!*
- Notify the EHDI staff when there is an error to screen results, date and time. *Only EHDI staff has the ability to override screen results. Please do NOT enter another set of results to correct the mistake.*

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DIAGNOSTIC ASSESSMENT RESULTS

- Enter otoacoustic emissions (OAEs), tympanometry, or any other combination of diagnostic testing under the assessment section. *If OAEs are the only tests done, they can be entered as an outpatient screen under the "Hearing" tab, enter manual screening results. If any additional testing was done, e.g. Auditory Brainstem Response, tympanometry, etc., they should be recorded in the assessment section. Please note that once a child has received an assessment, all test results from that point forward must be recorded in the assessment section only.*
- Record detailed notes and recommendations under each assessment. *This will help follow-up staff to determine specific needs of the child so appropriate follow-up can be done.*
- Save & Close the assessment section once results are entered to ensure it doesn't leave "session in process." *Notify the EHDI staff via phone call or email if an assessment is entered that should not have been entered. Please note that once an assessment is entered, it cannot be deleted. Please notify the EHDI staff, they can help correct the mistake.*
- Record hearing aid fitting dates or cochlear implant information as appropriate for each ear separately under amplification tab on the Hearing page. Any information related to early intervention referral/enrollment dates can be captured in the case management section.

For further questions or inquiries, please contact EHDI staff at 1-800-383-3826.